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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345325</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/06/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CORNERSTONE NURSING AND REHABILITATION CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>711 SUSAN TART ROAD BOX 948<br/>DUNN, NC 28334</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 253<br>SS=D | <p><b>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</b></p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on observation and staff interview, the facility failed to maintain a clean environment by allowing unpleasant odors to be present during meal service on one of four hallways in the facility where residents reside. (300 Hallway) The findings included:<br/>Observation of the facility ' s 300 hallway at 5:30pm on 10/2/2016. There was a strong unpleasant odor of urine in the 300 hallway. At this time, Nursing Assistant (NA) #1 and NA #2 were observed on the 300 hallway and an administrative nurse walked from one end of the 300 hallway to the other at 5:45pm. A closed metal cart with the resident meal trays arrived on the 300 hallway at 6:05pm. Nursing Assistant #1 and NA #2 began to deliver meal trays to the residents on the 300 hallway at 6:09pm. At the time the meal trays began to be delivered, there were especially strong urine odors outside of Rooms 300. 313, and 315. These odors permeated the entire 300 hallway. By 6:35pm, 21 meal trays on this hall had been delivered and the strong odors remained in Resident Rooms 300, 313, and 315 and the 300 hallway. Residents were eating their evening meals during this time. On 10/2/2016 at 6:25pm facility nursing staff entered Room 313 and closed the door. Staff remained in Room 313 until 6:45pm when they exited the resident ' s room with two plastic bags that contained soiled items. Two nursing</p> | F 253 | <p>F253 Housekeeping &amp; Maintenance Services</p> <p>Cornerstone Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>Cornerstone Nursing and Rehabilitation Center response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cornerstone Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> | 10/30/16 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><br>10/27/2016 |
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 253  | Continued From page 1<br>assistants were observed to remain on the 300 hallway throughout the meal service and two administrative nurses assisted in passing out the trays and feeding residents on the hall.<br>On 10//2/2016 at 6:45pm, Nursing Assistant #1 was interviewed. She reported that she was unaware of the odors on the hallway until after the trays were on the hallway and being passed out. She reported that if the odors had been identified before the trays arrived on the hallway, she would have taken care of the odors and changed any resident that needed to be changed.<br>During an interview with Nursing Assistant #2 on 10/2/2016 at 6:49pm, she stated she was aware of the odors but did not realize the odors were pervasive throughout the 300 hallway. She also reported the resident in Room 313 needed to be changed.<br>Nurse #1, who was working on the 300 hall during the evening meal service on 10/2/2016 was interviewed at 6:55pm on 10/2/2016. This nurse admitted she was aware there were unpleasant odors on the hallway.<br>Nurse #2, who was also present on the 300 hallway during this meal service was interviewed on 10/2/2016 at 7:02pm. Nurse #2 reported she was aware of the odors on the hallway, but did not realize it was an issue until after the meal trays arrived on the hallway.<br>During an interview with the Director of Nursing on 10/2/2016 at 7:05pm, she revealed she was not able to smell the unpleasant odors on the 300 hallway during the meal service. In another interview with the Director of Nursing on 10/6/2016 at 9:53am, she reported that if the situation with odors on the hallway was discovered before the meal trays arrived, her expectation was that staff take care of the odors, provide incontinent care, mop up spills, or call the | F 253   | 1. NA #1, NA #2, Nurse #1, and Nurse #2 were in serviced by DON on 10-25-16 regarding the need to observe for and identify any unpleasant odors, to include strong unpleasant urine odors, on the hallways, to include 300 hall and rooms 300, 313, and 315 prior to meal service and to inform nursing or housekeeping as indicated so that the source of odors can be addressed prior to meal trays arriving on the hallway.<br><br>2. 100% audit was conducted on 10/20/16 by the Assistant Director of Nursing (ADON) and Nurse Supervisor of all hallways and resident rooms, to include rooms 300,313 and 315 to determine if odors were present. No further odors were identified.<br><br>3. A 100% in service was initiated on 10-21-16 by DON for all staff, to include NA #1, NA#2, Nurse #1 and Nurse #2, regarding the need to observe for and identify any unpleasant odors, to include strong unpleasant urine odors, on the hallways, to include 300 Hall and rooms 300, 313, and 315 prior to meal service and to inform nursing or housekeeping as indicated so that the source of odors can be addressed prior to meal trays arriving on the hallway. In-service to be completed by 10-28-16. All new staff will be in serviced during orientation by the Staff Facilitator regarding the need to observe for and identify any unpleasant odors, to include strong unpleasant urine odors, on the hallways prior to meal service and to |                      |   |

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| F 253  | Continued From page 2<br>housekeeping supervisor if the issue is something the nursing staff cannot take care of. She stated this should be completed before the meals trays are delivered. And she also stated if the meal cart had arrived on the hallway, but had not been opened and staff became aware of the odors on the hall, she would hope her staff would roll the meal cart off of the hallway, resolve the problem creating the odors and then bring the cart back on the hallway and then deliver resident meal trays. | F 253   | inform nursing or housekeeping as indicated so that the source of odors can be addressed prior to meal trays arriving on the hallway.<br><br>4. Prior to meal trays arriving on the hallway, the licensed floor nurse and certified nursing assistants to include NA#1, NA#2, Nurse #1, and Nurse#2, will observe assigned hallway, to include 300 Hall, for any unpleasant odors, to include strong unpleasant urine odors and address the source of the unpleasant odor as indicated prior to meal trays arriving on the hall. The Administrator, ADON, SDC, QI Nurse, MDS Nurse, Nurse Supervisor and/or weekend licensed nurse manager will conduct an audit of all hallways and rooms to include rooms 300, 313 and 315 daily to include weekends, prior to breakfast, lunch, and dinner trays arriving on the hallways, x 2 weeks; then 3 x week x 2 weeks; then weekly x 4 weeks; then monthly x 1 month using a QI Odor Prevention Audit Tool to identify any unpleasant odors, to include strong unpleasant urine odors, on hallways, to include 300 Hall. Any identified concerns will be immediately addressed by the Administrator, ADON, SDC QI Nurse, MDS Nurse, Nurse Supervisor or licensed nurse manager by ensuring that the source of the odor is addressed by the appropriate staff prior to meal trays arriving on the hall and reeducation of staff as indicated. The DON will review the QI Odor Prevention Audit Tool weekly x 8 weeks then monthly x 1 month and initial to ensure compliance. |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/07/2016  
FORM APPROVED  
OMB NO. 0938-0391

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| F 253  | Continued From page 3  | F 253   | <p>5. The Administrator will compile the results of the QI Odor Prevention Audit Tool and present to the QI Executive Committee monthly x 3 months. Results/trends will determine if further monitoring will be necessary.</p> <p>6. Completion date: 10-30-16</p> |                      |   |